

**Inspection and Test Plan: Civil Inspections****C-2b Final Drainage Structure Inspection****Photos**

**\*Note any deviations in the comments section.\***

**Comments:**

**Civil Foreman:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**QA/QC:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Inspection and Test Plan: Civil Inspections

TBD Wind Energy Project

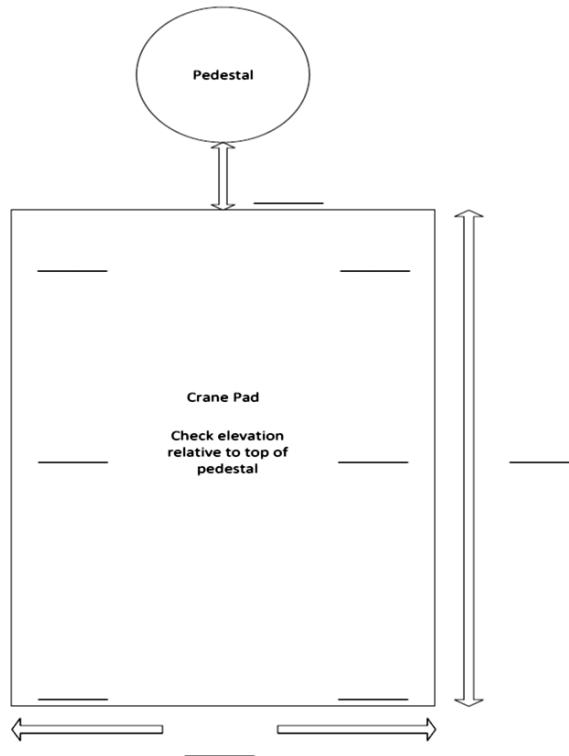
C-3 Crane Pad Inspection

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WTG #: \_\_\_\_\_

Drawing #: \_\_\_\_\_

Date: \_\_\_\_\_



### Inspection Compliance

- |   |     |    |
|---|-----|----|
| 1. Location of crane pad per design drawings and reviewed by initialed Superintendents. | Yes | No |
| 2. Backfill compaction report has been reviewed and specifications have been met.       | Yes | No |
| 3. All unsuitable material removed from crane pad footprint.                            | Yes | No |

Crane Pad Specifications		
Measurements	Design	Actual
Length:		
Width:		
<b>Maximum out of level value: &lt;1%</b>		
Measurements	Design	Actual Difference: (in.)
Front/Back: _____ %	< 1%	
Side/Side: _____ %	< 1%	
Corner/Corner: _____ %	< 1%	
Corner/Corner: _____ %	< 1%	

- |  |     |    |
|--|-----|----|
| 4. Length and width of crane pad within design specifications.                     | Yes | No |
| 5. Distance from front of crane pad to edge of pedestal per design specifications. | Yes | No |
| 6. Relative height of the crane pad to the turbine pedestal within tolerances.     | Yes | No |
| 7. Crane pad level within tolerances.  | Yes | No |
| 8. Subgrade compacted per drawings and specifications.                             | Yes | No |
| 9. Crane pad base passed density testing or proof roll testing.                    | Yes | No |

Type of subgrade test:

10.  Proof Roll     DCP Test     Other: \_\_\_\_\_

11. Verify that water will not pond on crane pad. Yes No

12. Were there any Non-Conformance Reports filed? Yes No

If yes, list NCR #\_\_\_\_\_. Has it been resolved? Yes N/A No

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### C-3 Crane Pad Inspection

#### Photos

\*Note any deviations in the comments section.\*

#### Comments:

Civil Foreman: \_\_\_\_\_ Date: \_\_\_\_\_

Erection Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

QA/QC: \_\_\_\_\_ Date: \_\_\_\_\_

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